

Reference Number: 200-02-DD
Title of Document: Financial Management of Personal Funds

Date of Issue: May 28, 1987
Effective Date: May 28, 1987
Last Review Date: July 28, 2009 **(REVISED)**
Date of Last Revision: July 28, 2009

Applicability: DDSN Regional Centers and All Contracted Service Providers
Operating Community Based ICFs/MR

TABLE OF CONTENTS

	Page
I. APPLICABILITY AND PURPOSE	2
II. FINANCIAL RIGHTS	2
III. FINANCIAL MANAGEMENT	3
IV. REGIONAL BANK	3
V. ACCESS TO FUNDS	4
VI. WITHDRAWAL OF FUNDS	4
VII. PURCHASES	5
VIII. REGIONAL BANK PURCHASING CARD	5
IX. AUTHORIZED SIGNATURES FILE	7
X. DEATH	8
XI. TRANSFER WITHIN REGIONAL BANK	8
XII. DISCHARGE OR TRANSFER TO ANOTHER REGIONAL BANK	8
XIII. QUARTERLY REVIEW	9
ATTACHMENT A: STATEMENT OF FINANCIAL RIGHTS	10
ATTACHMENT B: GUIDELINES FOR PURCHASES (PERSONAL VS. DEPT. FUNDS)	11
ATTACHMENT C: PERSONAL FUNDS DRAFT	14
ATTACHMENT D: GROUP WITHDRAWAL DRAFT	15
ATTACHMENT E: SHOPPING WORKSHEET	16
ATTACHMENT F: REGIONAL BANK LIAISON APPLICATION	17
ATTACHMENT G: REGIONAL BANK PURCHASING CARD APPLICATION	18
ATTACHMENT H: PURCHASING CARD CHANGE REQUEST	19
ATTACHMENT I: PURCHASING CARD CREDIT LIMIT CHANGE REQUEST	20
ATTACHMENT J: PURCHASING CARD REQUEST FOR PURCHASE	21
ATTACHMENT K: PURCHASING CARD RECORD OF ENTERTAINMENT PURCHASE FOR GROUP	22
ATTACHMENT L: REGIONAL BANK AUTHORIZED SIGNATURES RECORD	23
ATTACHMENT M: REGIONAL BANK SIGNATURE CARD	24

I. APPLICABILITY AND PURPOSE

This directive applies to individuals residing in regional centers operated by the SC Department of Disabilities and Special Needs (SCDDSN) or community-based ICFs/MR (Intermediate Care Facilities/Mental Retardation) operated under contract, grant or other legal agreement with SCDDSN.

This directive establishes policy that is designed to (1) protect the financial interests of individuals participating in the above mentioned programs, (2) protect their personal funds, and (3) assist them in money management promoting normalization in the use of money to the extent of each individual's capability.

Facility administrators and executive directors are responsible for the funds entrusted to their organizations. They must ensure that all financial records are correctly maintained and the money is safeguarded and properly spent. They should also ensure their procedures are in accordance with this directive to achieve the aforementioned objectives.

II. FINANCIAL RIGHTS

All individuals residing in SCDDSN regional facilities or contracted provider facilities should be advised of his or her financial rights upon admission. A Statement of Financial Rights (Attachment A) must be read and signed by the individual or other responsible party before entrusting his/her personal funds to SCDDSN. The only exception to this requirement is when the individual's program team justifies alternative financial arrangements or another party has already been appointed representative payee. Except where an assessment of an individual's financial skills clearly demonstrates the cognitive ability to manage his/her own funds and financial affairs, the funds shall be managed under the direction of the regional finance office/provider finance office. Upon approval by the program team, an individual may manage his/her personal financial affairs or may designate another party to do so. If a third party payor agency (i.e. Social Security, Veterans Administration, etc.) determines that benefits should be paid through an individual's guardian, conservator or other representative payee, they shall be solely responsible for holding, safeguarding and accounting for those funds. SCDDSN is not responsible for any individual's funds not held in the regional bank or under the management of SCDDSN.

During the admission process to a regional facility or community-based ICF/MR, individuals should be advised by the service coordinator of services that will be provided by the SCDDSN. This review should distinguish between those services funded with SCDDSN funds and those goods and services that may be charged to an individual's personal funds. (Reference Attachment B: Guidelines for Purchases (Personal vs. Department Funds).) All persons residing in DDSN regional facilities or community-based ICFs/MR must be informed of their financial rights as established by this directive. This notification must be evidenced by the individual's signed acknowledgment. Both the Statement of Financial Rights and Guidelines for Purchases forms have signature lines provided. These forms should be retained in the individual's permanent file.

All rights and responsibilities would transfer from an individual to his/her parent, guardian, next of kin, sponsoring agency or authenticated representative if one or both of the following occur:

- a. The individual is found by the interdisciplinary team to be mentally incapable of understanding his/her rights as documented in their file or

- b. The individual has been adjudicated incompetent in accordance with the state law of South Carolina.

In this case, a written acknowledgment should be placed in the individual's permanent file detailing the transfer of financial rights. Both the Statement of Financial Rights (Attachment A) and Guidelines for Purchases (Attachment B) forms should be explained to the new responsible party and the appropriate signature(s) obtained. These forms should also be kept in the individual's permanent file.

III. FINANCIAL MANAGEMENT

A financial plan for each individual should be developed by their program team. Whenever possible, an individual's parent, guardian or other responsible representative should be made part of the planning process. The financial plan should state the level of staff assistance that will be required by an individual in managing his or her own funds, as well as general savings and expenditures goals. Unit/residence staff members are responsible for adhering to each individual's established financial plan. Training should be provided to assist individuals in becoming more independent and responsible in the management of their personal funds. Upon recommendation and approval of the program team, all individuals capable of handling their own funds or being trained to do so, may be excluded from participation in the regional bank.

An individual who is capable of handling his/her own personal funds with minimal staff assistance, and chooses not to use the regional bank, may maintain an account at a local bank. The means of handling their account and good money management practices should be specifically outlined in their financial plan. Service coordinators are required to notify regional claims and collections officers of the account balance at least quarterly so the funds may be recorded in the individual's total assets inventory. This paragraph shall not apply to individuals determined by the program team to be capable of independently managing their own funds.

IV. REGIONAL BANK

Each region is required to operate a regional bank. With the exception of accounts designated as "dedicated accounts", each regional bank should deposit the funds from all sources into a single checking account located in an approved local bank. Regional bank funds in excess of estimated current needs should be transferred to the State Treasurer's Office for optimal investment. Ownership of and accounting for transferred funds should remain in the regional bank from which they were transferred.

Interest on the accounts within the regional bank should accrue proportionate to their cash balances. Interest should be posted to the accounts on a quarterly basis utilizing a method in compliance with current federal regulations.

Regional bank liaisons should maintain the bank records and ledgers in accordance with established accounting office procedures. By the end of the month following the bank statement cutoff, a copy of the bank reconciliation and balance sheet should be forwarded to Central Office Finance Division. Additionally, copies of all account statements should be provided to service coordinators for review at least monthly.

At any time, individuals' (or parents, guardians or other responsible parties) with funds in the regional bank may request a review of their personal financial records as maintained by the regional bank.

V. ACCESS TO FUNDS

With the exception of weekends and holidays, individuals with funds in the regional bank should have access daily during the operational business hours established by the region.

Procedures should be in place to make funds available for scheduled activities on weekends and holidays. Minimal amounts of personal funds may be kept in a secure location at the residential facility if necessary. (Refer to Departmental Directive 200-01-DD: Individuals' Funds Maintained at Residential Level.) When proper requests and approvals for disbursement of personal funds have been made, the regional bank should disburse the funds within five (5) business days.

VI. WITHDRAWAL OF FUNDS

With written service coordinator approval and based on an individual's financial plan, a designated staff representative should coordinate the withdrawal of funds and the purchasing of items. Funds may be withdrawn with a properly authenticated Personal Funds Draft (PFD) (Attachment C). Withdrawals of \$25 or less may be paid in cash. All other withdrawals should be made by check unless cash has been authorized by the regional/provider finance director. Payments may be made to the individual, his/her parent/guardian or the staff representative on their behalf as specified on the approved PFD. All withdrawals in the amount of \$200 or more per individual must have the written approval of the program administrator or residential program/community director. Withdrawals in the amount of \$500 or more require the signature approval of the facility or provider executive director.

Funds withdrawn routinely each week for group field trips should be listed on a properly authenticated and approved Group Withdrawal Draft (GWD) (Attachment D). If any individual's withdrawal is more than \$200, a separate Personal Funds Draft should be done to ensure proper approval.

Withdrawals by staff representatives require the appropriately signed paperwork be turned in to the regional bank within two (2) business days after withdrawal(s). Proof of purchase documentation and any left over funds to be re-deposited should be delivered to the regional bank within the same time frame. The certification copy of the PFD or GWD should be used as an audit trail for disbursing or expending funds. The unit copy should not be separated from the certification copy until both copies of the PFD or GWD are turned in and signed by the regional bank liaison. The unit copy should be forwarded only after obtaining the regional bank liaison's signature.

A PFD or GWD presented to the regional bank for field trips or other travel on behalf of individual(s) in the regional centers/provider facilities must be accompanied by copies of the approved regional trip packet of materials. Documentation of trip expenditures along with the certification copy of the PFD or GWD should be turned into the regional bank liaison within two (2) business days after the trip has been completed.

In cases where third party payments and other revenues are to be deposited into an individual's account, SCDDSN should draft the account for care and maintenance charges due according to Departmental Directive 200-09-DD, Fees for Residential Services Provided by SCDDSN. These funds may be withdrawn in group or single withdrawals.

VII. PURCHASES

Items may be purchased from a commercial source using a regional bank purchase order if necessary. The items to be purchased should be listed individually on a single or consolidated purchase order and approved by the service coordinator. The purchase order should be approved by the regional bank liaison only after verifying that the necessary funds are available and encumbering the account. Even when purchasing items for individuals using their personal funds, state purchasing procurement guidelines should be followed though the state system is not being used. SCDDSN procurement procedures must be followed for any purchase that utilizes the agency's purchasing process.

As soon as possible, but not to exceed two (2) business days following the purchase of items, the staff representative should complete all of the following steps:

1. Submit to the regional bank liaison all completed Shopping Worksheets (Attachment E) along with all receipts for purchases and any remaining funds in excess of one (\$1) dollar per individual. All remaining funds of one (\$1) dollar or less per individual may be deposited into the funds held at the residence or given to the individual.
2. Report and display all purchases to the supervisor responsible for the individual's unit/place of residence.
3. Mark all items having a value of \$50 or more, including clothing, with the owner's name and record the item(s) on his/her property records. An up-to-date inventory of personal items should be maintained within the unit/residence as required in Departmental Directives 600-10-DD, Individual Clothing and Personal Property-Regional Centers, and 604-01-DD, Individual Clothing and Personal Property. All personal property should be safeguarded and inspected by the unit supervisor at least quarterly to ensure the items are accounted for and that such items are not recorded as SCDDSN property.

VIII. REGIONAL BANK PURCHASING CARDS

Regional Bank Liaison

Each regional center/provider should have one or more regional bank liaisons chosen by the regional/provider finance director. Prospective staff should fully complete a Regional Bank Liaison Application (Attachment F) and submit it to the appropriate regional/provider finance director. Once approved, regional/provider finance directors should assign a liaison to each new purchasing card application upon receipt. *In no instance should a bank liaison also be a cardholder.*

Regional bank liaisons are charged with all the following responsibilities:

1. Purchasing Cards Security
All purchasing cards must be locked up when not in use. In addition, all cards should be tracked via a log or other record keeping tool so the location of each card can be verified at all times.

2. Application Review
All purchasing card applications should be reviewed for proper approval signature before processing.
3. Accurate Record Keeping
Up to date files should be maintained for all assigned purchasing cards to include properly approved applications, pertinent forms and purchasing worksheets. All documents should be processed in a timely manner.
Note: After a purchasing card has been assigned, the account number and associated shopper's name should be recorded in the file.
4. Theft/Loss Reporting
Lost or stolen purchasing cards should be reported immediately.
5. Billing Resolution
Billing discrepancies should be resolved as soon as possible.

Purchasing Card Applications

Purchasing cards are issued in the names of shoppers. Each shopper is required to complete a Regional Bank Purchasing Card Application (Attachment G) and obtain the appropriate approval signature before forwarding to the regional bank liaison for processing.

Purchasing Card Updates

The Purchasing Card Change Request form (Attachment H) should be used for making name changes or requesting account closures. The completed form should be reviewed, approved and processed by the regional bank liaison.

Purchasing Card Credit Limits

Purchasing cards should be issued with a per transaction limit of \$500, a per day limit of \$1,500, and a per month limit of \$5,000. These limits can be changed, if necessary, by completing a Purchasing Card Credit Limit Change Request (Attachment I). This form may also be used to temporarily increase limits for Christmas shopping. The request must have the appropriate approval signature before forwarding to the regional bank liaison for processing.

Purchase Requisitions

Shoppers should list all items to be purchased on a Purchasing Card Request for Purchase (Attachment J) and obtain the required signatures. The requestor, department/unit manager or service coordinator must sign all requests. Purchases above \$200 require the approval of the program administrator. Purchases above \$500 must be approved by the regional facility director or provider executive director. Finance staff should verify the availability of funds before the card is released. Note that a separate form is required for each individual. The regional bank liaison should not release a purchasing card to a shopper until the request for purchase has been properly completed.

Acceptable Charges

Purchases must conform to the Guidelines for Purchases (Personal vs. Departmental Funds) (Attachment B). Generally, personal grooming articles, recreational equipment, clothing and personal comfort items may be charged as well as movie tickets, candy, clothing, radios and plants.

Shopping

Each individual's purchases should be handled as a separate transaction. If shopping for a group of 10, a shopper should check-out 10 separate times. Two exceptions exist to this policy: (1) restaurant meals and (2) movie tickets. In these cases, a card purchase can cover more than one individual. The sales receipt and a fully completed Purchasing Card Record for Group Entertainment Purchases (For Restaurant/Movie Tickets) (Attachment K) should be used to document needed debit amounts to participating individual's personal funds account.

Upon completion of a shopping trip, the shopper should immediately return the purchasing card to the regional bank liaison.

Purchase Documentation

Within two (2) working days (three (3) at Saleeby Center), shoppers should ensure service coordinators or their designees receive all the items purchased, sign off on the store receipt and record any items having a value of \$50 or more (clothing included) into each individual's record. Within the same timeframe, the shopper should also submit to the regional finance office a Shopping Worksheet (Attachment E) along with all the store receipts. Regional/provider finance offices should maintain files for all purchasing card expenditures and match all purchases to subsequent billings.

IX. AUTHORIZED SIGNATURES FILE

Regional banks should retain a Signature Card (Attachment M) for each individual using the regional bank. Signature cards should be used to verify all withdrawals made either by an individual or his/her authorized staff representative. The signature requirement of the staff representative and unit director on this form is waived when an individual has been determined by the program team to be fully capable of managing his/her personal funds.

Regional banks should also retain a Regional Bank Authorized Signatures Record (Attachment L) for each unit. It should list all staff authorized to approve Personal Funds Drafts or Group Withdrawal Drafts of less than \$200. Withdrawals and expenditures of \$200.00 or more require the signature approval of the facility administrator/executive director. This form should also be used to list unit or residence staff authorized to pick up personal funds from the regional bank on behalf of an individual.

Service coordinators are responsible for establishing authorized signatures files and notifying the regional bank of any changes.

X. DEATH

At the time of death, an individual's funds should be frozen and no disbursements made without the legal authority of the Probate Court except for reasonable funeral expenses and any pro-rated care and maintenance charges. Within ten (10) calendar days of death, the regional/provider

claims and collections officer should give a written notification to the probate judge of the county in which the death occurred, unless prohibited by a presiding judge. In this event, the parents, next of kin or guardian should notify the appropriate probate court. All of the following information should be included in the written notification:

1. A complete accounting of the deceased individual's assets and known liabilities (may be obtained from the claims and collections officer).
2. The name and address of parents/guardians or next of kin.
3. The name of the personal representative, if known.
4. A request for legal authorization of any disbursement of funds from the decedent's estate.

SCDDSN shall follow the procedures set forth in the SC Code of Laws [SC ST SEC 62-5-101], for reimbursement of full care and maintenance costs from any remaining balance in the deceased's estate six (6) months after death with probate court approval. Any further remaining balance shall stay in the estate of the decedent for five (5) years before being forwarded to the State Treasurer's Office as unclaimed property.

XI. TRANSFER WITHIN REGIONAL BANK

Upon the transfer of an individual to another residence that still associated with the same regional bank, the finance office should record the new residence on the individual's account within five (5) business days. The appropriate service coordinator should establish a new authorized signatures file within five (5) business days.

XII. DISCHARGE OR TRANSFER TO ANOTHER REGIONAL BANK

Upon discharge of an individual or transfer to another residence associated with another regional bank, a Personal Funds Draft should be prepared and processed for up to 90% of the individual's available funds (funds net of encumbrances or other currently due obligations). The funds should be paid to the party who will be responsible for the individual's personal funds in his/her new residential setting. The service coordinator and claims and collections officer or finance director are collectively responsible for determining the amount to be forwarded. The funds should be forwarded within ten (10) business days of discharge from the former residence.

If SCDDSN is representative payee for benefits received by an individual, the claims and collection officer should notify the appropriate payor agency of the change within five (5) business days of transfer or discharge. If the individual's funds are to be transferred to another regional bank, the claims and collections officer for the new region should request that the new region be made representative payee within five (5) business days of the transfer. If the individual's funds are to be handled by a provider or person not associated with any regional bank, that provider (or the individual) should be notified to request a new representative payee within five (5) business days. Requests for termination of representative payee status or new representative payee status shall be made in accordance with the paying agency's established procedures.

Within 30 calendar days, all obligations to be paid from the regional bank for an individual should be paid and all remaining funds forwarded to the responsible party at the new residence. Unless the individual is still receiving benefits at the regional bank, the account at the former regional bank should be put in inactive status. If the individual is still receiving benefits from the regional bank, the account shall remain open and in current status until all benefits are sent

directly to the new payee. As benefits are received in the regional bank, they should be forwarded to the new payee unless expressly instructed to do otherwise by the benefit paying agency. As soon as all benefit payments have been transferred, any remaining balances should be forwarded and the account put on inactive status. One exception to this procedure is when the family requests the burial funds remain at the regional bank. In this case, burial funds may remain in the regional bank and accrue interest.

XIII. QUARTERLY REVIEW

Claims and collections officers should conduct a quarterly review of all financial ledgers associated with the regional bank to ensure that financial guidelines are being properly followed and to alert them to possible eligibility problems for Medicaid recipients. Service coordinators should review individual account transactions on a monthly basis and document doing so by initialing the statement copies. The documented copies should be retained at least until receipt of the next month's statements.

Deputy State Director, Administration
(Originator)

State Director
(Approved)

RELATED POLICIES:

200-01-DD
200-09-DD
200-12-DD
604-01-DD
600-10-DD

ATTACHMENTS:

- A. STATEMENT OF FINANCIAL RIGHTS
- B. GUIDELINES FOR PURCHASES (PERSONAL VS. DEPT. FUNDS)
- C. PERSONAL FUNDS DRAFT
- D. GROUP WITHDRAWAL DRAFT
- E. SHOPPING WORKSHEET
- F. REGIONAL BANK LIASON APPLICATION
- G. REGIONAL BANK PURCHASING CARD APPLICATION
- H. PURCHASING CARD CHANGE REQUEST
- I. PURCHASING CARD CREDIT LIMIT CHANGE REQUEST
- J. PURCHASING CARD REQUEST FOR PURCHASE
- K. PURCHASING CARD RECORD OF ENTERTAINMENT PURCHASE FOR GROUP (RESTAURANT/MOVIE TICKETS)
- L. REGIONAL BANK AUTHORIZED SIGNATURES RECORD
- M. REGIONAL BANK SIGNATURE CARD

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

STATEMENT OF FINANCIAL RIGHTS

1. Upon enrollment for services with the South Carolina Department of Disabilities and Special Needs (SCDDSN), the department shall require a financial statement of the individual's resources and request that he/she entrust personal funds to SCDDSN except in cases where alternative financial arrangements have been made.
2. An individual has the right to receive, retain and manage his/her personal funds. This may be accomplished by a legal guardian or other designated person or the individual may authorize the department in writing to hold, safeguard and account for his/her personal funds.
3. SCDDSN shall hold, safeguard and account for an individual's personal funds only upon written authorization by the individual, parent, guardian or other responsible party, or if the department is appointed as the individual's representative payee.
4. SCDDSN shall not charge an individual to hold, safeguard or account for his/her personal funds but shall include any charges for this service in the department's basic per diem rate.
5. In accordance with departmental policy, written records of all financial transactions involving an individual's personal funds for which the department is custodian should be current and maintained by the associated regional center.
6. In accordance with departmental policy, each individual with personal funds in the regional bank shall be provided with reasonable access to his or her own financial records and personal funds.
7. An individual's personal funds received by the department for safe holding, safeguarding and accounting will be kept separate from the department's funds.
8. If an individual has been managing his or her own funds but becomes incapable of doing so, the department will serve as temporary representative payee until a permanent representative payee can be appointed.

Individual's Name: _____ File #: _____

These rights/services have been explained to me and I understand how they affect me.

Signature (Individual) *Date* _____

Signature (Service Coordinator) *Date* _____

Signature (Witness) *Date* _____

As parent, guardian or conservator, these rights have been explained to me and I understand how they affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf. ***Relationship to Individual:*** _____

Signature (Parent/Guardian) *Date* _____

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**GUIDELINES FOR PURCHASES
(PERSONAL VS. DEPARTMENTAL FUNDS)**

This document clarifies what costs are chargeable to an individual's personal funds and what costs are to be covered by departmental funds. Personal funds shall provide for an individual's non-medically related needs and specific comfort items. Departmental funds shall provide for: (1) the medically related needs of the individual, (2) services to provide at least a minimum level of personal hygiene, decency, and presentability, which are essential to a healthy well-being, and (3) active treatment needs as defined in applicable Medicaid regulations.

The following list of charges to departmental funds is not all-inclusive. This list of items and services that may be purchased with personal funds shows acceptable/allowable purchases. Purchases made by individuals receiving services from DDSN will depend upon their financial condition (see Departmental Directive regarding fees charged by DDSN (200-09-DD). Individuals in the care of DDSN should not be denied necessary special medical needs due to a shortage of personal funds. This directive does not prevent the use of donated funds to purchase items listed in II.

A. CHARGES TO DEPARTMENTAL FUNDS

1. PROFESSIONAL AND SPECIAL PROGRAMS AND SERVICES

Provision of these services is contingent upon a thorough evaluation of each individual's needs and pending the approval of the agency:

- a. Dietary/Nutritional Services
- b. Dental Services
- c. Education Services
- d. Health Services
- e. Medical Services
- f. Nursing Services
- g. Pharmacy Services
- h. Physical and Occupational Therapy
- i. Psychological Services
- j. Religious Services
- k. Social Services
- l. Speech Pathology and Audiology
- m. Training and Habilitation Services

2. ITEMS/SERVICES NECESSARY FOR THE PHYSICAL WELL-BEING OF AN INDIVIDUAL AND ROUTINELY AND/OR UNIFORMLY PROVIDED TO ALL INDIVIDUALS IN THE CARE OF DDSN

- a. Necessary medications, medical and surgical supplies.
- b. Use of equipment and facilities.
- c. Special dietary supplements used for tube feeding or oral feeding such as "Elemental High Nitrogen Diet".
- d. Routine laundry (including personal clothing), toiletries and housekeeping services (including sheets, towels, wash cloths, diapers, soaps, bathroom tissue).
- e. Activity programs.
- f. Routine personal hygiene items and services as required to meet needs including but not limited to: hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental

- floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, wash cloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing and basic personal laundry.
- g. Items required for behavior management

3. MEDICAL EQUIPMENT AND SUPPLIES

Wheelchairs, mats, walkers, special geriatric chairs, dentures, eyeglasses, hearing aids/supplies and similar items (See B (4) for items required beyond these basic medical needs).

Note: The department will not be responsible for the purchase of any of the above items or services where the parent or guardian has initiated the purchase without prior approval of authorized regional/provider staff.

4. PURCHASES FROM RELATED ORGANIZATIONS (SERVICES, FACILITIES, SUPPLIES)

5. ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT IN ORDER TO MEET ICFs/MR (INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED) STANDARDS AND APPLICABLE STATE HEALTH AND LICENSURE REQUIREMENTS

6. PERSONNEL COSTS (WAGES, FRINGE BENEFITS)

7. PHYSICAL PLANT MAINTENANCE, DEVELOPMENT AND EXPANSION

8. FOOD AND HOUSING EXCEPT WHERE COVERED THROUGH CARE AND MAINTENANCE CHARGES AS PROVIDED FOR IN DEPARTMENTAL DIRECTIVE 200-09-DD

B. ITEMS/SERVICES THAT MAY BE CHARGED TO AN INDIVIDUAL'S PERSONAL FUNDS^{*}

1. PERSONAL GROOMING AND CARE ARTICLES

Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare, painted or acrylic nails, hair weaves, and similar items.

2. PERSONAL RECREATIONAL ITEMS AND EQUIPMENT NOT COVERED UNDER A REQUIRED ACTIVITIES PROGRAM

Bicycles, magazine or newspaper subscriptions, aquariums, plants/flowers, radios, television sets, records and books.

3. PERSONAL CLOTHING

Gloves, hats, scarves, hosiery, slippers, shoes, all usual articles of clothing and similar items.

4. SPECIAL MEDICAL EQUIPMENT, SUPPLIES AND SERVICES FOR CONVENIENCE OF INDIVIDUALS AND THEIR FAMILIES

Certain purchases of medical equipment, supplies and services that are for the convenience of individuals and their families, and are not determined by SCDDSN to be medical necessities may be purchased with personal funds. This would include items mentioned in A. (3) such as, an extra wheelchair for home visits or certain nonessential chiropractic, podiatry visits and dental services. These items and services are considered to be for the convenience of individuals and their families and would not be allowable as charges to the Medicaid program.

5. DAMAGED PROPERTY

Personal funds may be used to replace property owned by staff, DDSN or other individual that was damaged by another individual when it is consistent with the damager's plan of care and when funds are available.

6. MISCELLANEOUS ITEMS

Special food/drinks not essential to an individual's dietary needs (e.g. candies, fruits, cookies, soft drinks), tobacco products and accessories, costs of trial visits, expenses involved in relatives visiting the facility or an individual's visit/extended stay in the home setting, postage, stationery; insurance premiums, taxes, movies passes, special entertainment/recreational activities, special bedspreads or other similar purchases. These purchases are subject to the availability of personal funds.

7. PERSONAL COMFORT ITEMS

Items and services that do not contribute meaningfully to the treatment of an illness/injury or the functioning of a malformed body member (except for hospice care). Items also considered to be personal comfort items include radios, televisions and telephones.

*The unit director and/or program team should ensure the appropriate use of an individual's personal funds. In cases where a question arises as to whether departmental vs. personal funds should be used, the expenditure of personal funds must be justified in the remarks section of a Personal Funds Draft or Group Withdrawal Draft. Appropriate documentation must be attached such as minutes from program team meetings, physician statements of medical necessity or requests from parents for equipment, supplies or services to be purchased for the convenience of the individuals or their families.

Individual's Name: _____ **File #:** _____

These rights/services have been explained to me and I understand how they will affect me.

Signature (Individual) _____ Date _____

Signature (Service Coord.) _____ Date _____

Signature (Witness) _____ Date _____

As parent, guardian or conservator, these rights/services have been explained to me and I understand how they will affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf.

Signature _____ Date _____
(Parent/Guardian)

Relationship to Individual _____

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PERSONAL FUNDS DRAFT (PFD)

Voucher Number: _____
Individual's Name: _____ Date: _____

Social Security Number: XXX -- XX -- _____ Unit/Residence: _____

[] I want/need \$ _____ of my personal funds.

[] I want/need \$ _____ of my personal funds spent for me to: _____

Additional Information: _____

Make check payable to: _____ Signed: _____

(Individual)

Address (optional): _____

Requested By: _____ / _____ (If over \$200)
(Staff Representative) Date Approved: _____ / _____
(Program Administrator) Date

Approved: _____ / _____ (If over \$500)
(Department or/Unit Manager Date Approved: _____ / _____
or Service Coordinator) (Facility Director/
Executive Director) Date

Funds Verified & Encumbered: _____ Paid in: [] Cash or by [] Check # _____
(Regional Bank Liaison)

Paid By: _____ Date _____
(Cashier)

Received By: _____ Date _____
(Staff Representative)

I hereby certify that the above withdrawn funds were given to [] or spent for [] the sole benefit of the above named individual with the exception of \$ _____, which was returned to the regional bank.

_____/_____
(Staff Representative) Date Received: (Regional Bank Liaison) _____ Date

Regional Bank (1st Copy): For posting upon disbursement of funds.

Certification (2nd Copy): For Regional Bank after purchases are made & extra funds returned (within 2 business days)

Unit (3rd Copy): For Unit files after obtaining final signature of Regional Bank Liaison.

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
GROUP WITHDRAWAL DRAFT (GWD)

Unit/Residence	Date	
Social Security Number	Names (listed alphabetically) Last Name First (Smith, Joe)	Amount Requested
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
TOTAL FUNDS REQUESTED		\$

Purpose of Withdrawal: Weekly Canteen [] Other [] Explain in detail: _____

Requested By: _____ / _____
(Staff Representative) Date Approved: _____ / _____
(Department/Unit Manager or Service Coordinator) Date

Funds Verified & Encumbered: _____ Paid By: [] Cash [] Check # _____
(Regional Bank Liaison)

Paid By: _____ Date _____
(Cashier)

Received By: _____ Date _____
(Staff Representative)

I hereby certify that the above withdrawn funds were given to [] or spent for [] the sole benefit of the individuals named above with the exception of \$_____, which was returned to the regional bank.

(Staff Representative) Date Received (Regional Bank) _____
Date

Regional Bank (1st Copy): For posting upon disbursement of funds.

Certification (2nd Copy): For Regional Bank after purchases are made & extra funds returned (within 2 business days)

Unit (3rd Copy): For Unit files after obtaining final signature of Regional Bank Liaison.

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SHOPPING WORKSHEET

*****IMPORTANT*****

1. Use one shopping worksheet per individual. Do not combine purchases for several individuals on one worksheet.
2. Attach store receipts and request for purchase form to this completed worksheet. Send packet to your finance office with this sheet attached.
3. Cash withdrawn from a personal funds account for an individual may only be spent on that individual. If shopping for more than one person, **do not combine separate funds**. Each individual's personal funds should only be spent on them.
4. List each item purchased and the price of each item separately.

PURCHASES MADE FOR: _____ (Individual's Name)	DATE OF SHOPPING TRIP: _____
---	-------------------------------------

ITEMS PURCHASED	QUANTITY	PRICE (EA.)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
THE ITEMS LISTED ON THIS SHEET WERE POSTED TO THE PERSONAL PROPERTY RECORD OF THE ABOVE NAMED INDIVIDUAL		TOTAL TAXES \$

TOTAL AMOUNT OF FUNDS SPENT \$ _____

AMOUNT RETURNED TO REGIONAL BANK \$ _____

AMOUNT GIVEN TO INDIVIDUAL (IF ANY) \$ _____

GRAND TOTAL (SHOULD EQUAL PFD) \$ _____

X _____
(Unit Director/Shift Supervisor or Service
Coordinator)

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK LIAISON APPLICATION

Regional/provider finance directors must select one or more staff to act as regional bank liaisons. Finance directors are responsible for assigning a liaison to each purchasing card application processed in his/her finance office.

NOTE: UNDER NO CIRCUMSTANCES SHOULD A REGIONAL BANK LIAISON ALSO BE A CARDHOLDER.

In order to process this application, the entire form must be completed. The request cannot be processed unless ALL required information has been supplied.

APPLICANT INFORMATION	
Full Name:	Phone Number:
Physical Street Address & Building Name:	Mailing Address (if different from street address):
E-mail Address:	Region/County:

I certify by my signature below that I will accept the responsibility of approving and/or updating the default UDAK number on the electronic billing distribution software in advance of the monthly cut-off date. I will also fulfill the responsibilities of a regional bank liaison as explained in Department Directive 200-02-DD.

Signature (Applicant)

Date

I delegate authority to the above named applicant to fulfill the duties of regional bank liaison and I agree that he/she will comply with all guidelines of the SCDDSN Regional Bank Purchasing Card Program as well as with SCDDSN policies and procedures relating to the regional bank.

Signature (Finance Director)

Date

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK PURCHASING CARD APPLICATION

SECTION 1: APPLICATION REQUIREMENTS

1. Applicants must be permanent, full-time employees of SCDDSN or contracted service provider.
2. Applicants must agree to sign a cardholder's agreement upon receipt of a new purchasing card.
3. This request must not be processed until all requested information has been fully supplied.

SECTION 2: APPLICANT INFORMATION

Name:	E-Mail Address:
Street Address & Building Name:	Mailing Address (if different from street address):
Facility/Region or County:	Telephone Number:
Requested Monthly Credit Limit:	Default Account Number:

SECTION 3: APPLICANT SIGNATURE

As a cardholder I agree that I will always treat the Regional Bank purchasing card with at least the same level of care I would treat my personal credit cards. I will maintain the card in a secure location and carefully guard the account number. I understand that I am the only person authorized to use the card. I fully understand the intent of this program and will comply with all guidelines of the SCDDSN Regional Bank Purchasing Card Program as well as all DDSN policies and procedures related to the handling of personal funds.

Signature (Applicant)

Date

SECTION 4: APPROVAL SIGNATURE

Regional Bank Liaison assigned: _____

I delegate transaction authority to the applicant and agree that he/she will comply with all guidelines of the SCDDSN Regional Bank Purchasing Card Program as well as with SCDDSN policies and procedures relating to the handling of personal funds.

Signature (Finance Director)

Date

ATTACHMENT H

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PURCHASING CARD CHANGE REQUEST

Date: _____

Division/Department: _____

Cardholder Name on Purchasing Card: _____
(Record name as it appears on card)

Purchasing Card Account Number: _____

TYPE OF REQUEST:

_____ ACCOUNT CLOSURE

_____ NAME CHANGE

Current Information

New Information

Explanation of Change (i.e. employee termination, name change due to marriage/divorce, etc.)

Requestor's Signature *Date*

FORWARD TO REGIONAL BANK LIAISON FOR REVIEW AND APPROVAL

Signature (Regional Bank Liaison) *Date*

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PURCHASING CARD CREDIT LIMIT CHANGE REQUEST

Cardholder's Name: _____

Purchasing Card Account Number: _____

Division/Department: _____

Regional Bank Liaison: _____

Current Monthly Limit: \$ _____

Requested *New* Monthly Limit: \$ _____

Explanation for Request: _____

Signature (Cardholder)

Date

Signature (Finance Director)

Date

FORWARD TO REGIONAL BANK LIAISON FOR REVIEW AND APPROVAL

Signature (Regional Bank Liaison)

Date

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PURCHASING CARD REQUEST FOR PURCHASE

Individual's Name: _____ Date: _____

Unit/Area: _____

REQUESTED ITEMS	VENDOR	EST. COST
Total		\$

_____/_____/_____
Requested By *Date*
(Staff Representative)

_____/_____/_____
Program Administrator *Date*
(If \$200 or more)

_____/_____/_____
Approved By *Date*
(Department/Unit Manager
or Service Coordinator)

_____/_____/_____
Facility Administrator *Date*
(If \$500 or more)

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PURCHASING CARD RECORD FOR
GROUP ENTERTAINMENT PURCHASE
(FOR RESTAURANT/MOVIE TICKETS)

PARTICIPATING INDIVIDUALS	AMOUNT TO DEBIT PERSONAL FUNDS

Signature (Purchaser)

Date

Signature (Department/Unit Manager or Service Coordinator)

Date

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK AUTHORIZED SIGNATURES RECORD

RESIDENCE: _____ **DATE:** _____

The following staff may approve withdrawals and expenditures of less than \$200.00 from the personal funds at the regional bank of individuals residing at the above named residence. Withdrawals and expenditures of \$200.00 or more require the signature approval of the Administrator, Residential Program/Community Residential Director or DSN Board Executive Director as appropriate.

NAME
(Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____

The following staff is authorized to pick up personal funds at the Regional Bank.

NAME
(Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____

Approval by Administrator, Residential Program/Community Residential Director or DSN Board Executive Director required for withdrawals or expenditures of \$200.00 or more.

Signature (Administrator/Director)

Date

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK SIGNATURE CARD

SIGNATURE CARD					
Individual:	_____				
	(last) (first) (middle)				
Social Security Number:	_____				
Residence:	_____				
AUTHORIZED SIGNATURES					
_____	<table border="1"><tr><td> </td></tr><tr><td><i>Approved by</i></td></tr><tr><td><i>Title</i></td></tr><tr><td><i>Date</i></td></tr></table>		<i>Approved by</i>	<i>Title</i>	<i>Date</i>
<i>Approved by</i>					
<i>Title</i>					
<i>Date</i>					
<i>Individual</i>					

<i>Staff Representative</i>					

<i>Unit Director</i>					

NOTE: If an individual's financial plan states that he/she is capable of handling his/her own funds, write "not required" in the space provided for the signatures of the staff representative and unit director.

MEMORANDUM

July 29, 2009

TO: Official Distribution

FROM: Martin K. Taylor, CPA 
Director of Finance

RE: Revision of 200-02-DD

Departmental Directive 200-02-DD, *Financial Management of Consumer Personal Funds*, has been revised to reflect changes in the DDSN service delivery system since the directive was originally issued. This revision focuses attention on the policies that should be followed when managing funds for individuals living in DDSN community residential settings and the responsibility of each provider for implementing systems that support these policies.

The official review period for comments will end on 8/31/09. Please direct your comments, if any, to me by one of the means of communication listed below:

E-Mail
mtaylor@ddsn.sc.gov

Mailing Address
Martin Taylor
Director of Finance
PO Box 4706
Columbia, SC 29240

Telephone Number
(803) 898-9698

MKT/lbc

Attachment